

Open and Honest Care in your Local Hospital



The Open and Honest Care: Driving Improvement programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data, with the overall aim of improving care, practice and culture.



Report for:

**Northampton
General Hospital
NHS Trust**

April 2019

This report is based on information from February and March 2019. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about our performance.

1. SAFETY

Safety Thermometer

The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, urinary infection in patients with catheters (CRUTI) and treatment for blood clots (VTE). These are harms are measured in two ways, harms which are old and sustained prior to admission and new harms which occurred whilst the patient was in hospital. The data is used alongside other outcome measures to help us understand themes, analysis findings and plan improvements in care delivery.

The score below show the percentage of patients who received harm free care whilst an inpatient.

	February 2019	March 2019
The % of patients that received harm free care whilst an inpatient	99.85%	99.38%
The % of harm free care- admitted with and whilst an inpatient	95.11%	94.78%

In February 2019 NGH achieved 99.85% harm free care, with 0.15% of patients on the day recorded in the category of 'new' harm (sustained whilst they were in our care). Broken down into the four categories this equated to 0 fall with harm, 0 VTE, 0 CRUTI and 1 incidents of pressure ulcer development.

In March 2019 NGH achieved 99.38% harm free care, with 0.62% of patients on the day recorded in the category of 'new' harm (sustained whilst they were in our care). Broken down into the four categories this equated to 4 falls with harm, 0 VTE, 0 CRUTI and 0 incidents of pressure ulcer development

Progress is monitored through the Trusts Quality Governance Committee.

For more information, including a breakdown by category, please visit:
<http://www.safetythermometer.nhs.uk/>

Health Care Associated Infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C. difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteraemia are nationally monitored as we are trying to reduce the incidence of these infections. C. difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria do not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C. difficile, people on these antibiotics are at greater risk.

The MRSA bacteria are often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to MRSA bacteraemia infections and are working towards reducing C Difficile infections; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough.

The table below shows the number of infections we have had, plus the improvement target and results for the year to date.

	C. difficile	MRSA
February 2019	0	0
Annual improvement target	20	0
Actual to date	14	0

	C. difficile	MRSA
March 2019	0	0
Annual improvement target	20	0
Actual to date	14	0

Each incident of infection is reviewed and a thematic analysis undertaken. This is monitored through the Trusts Quality Governance Committee.

Pressure Ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into six categories (see table below) with category one being the least severe and category four being the most severe. They can also be classified as unstageable which means that they are unable to be accurately categorised and they may also be categorised as a

deep tissue injury (DTI) which means that the patients skin is not broken but damage has occurred, the level of which is currently unclear as it is below the surface of the skin. The pressure ulcers reported include all validated pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

February 2019	11	Category 2 - Category 4 pressure ulcers including unstageable and DTI's were acquired during hospital stays
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Severity	Number of pressure ulcers
Unstageable	1
DTI	3
Category 2	7
Category 3	0
Category 4	0

March 2019	6	Category 2 - Category 4 pressure ulcers including unstageable and DTI's were acquired during hospital stays
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Severity	Number of pressure ulcers
Unstageable	1
DTI	1
Category 2	4
Category 3	0
Category 4	0

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. This includes avoidable and unavoidable falls sustained at any time during the hospital admission.

February 2019	4	fall(s) that caused at least 'moderate' harm
March 2019	3	fall(s) that caused at least 'moderate' harm

In order to know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us to other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

February 2019	1.17	Harmful falls per 1,000 occupied bed days
March 2019	1.29	Harmful falls per 1,000 occupied bed days

Safe Staffing

In 2014 NHS England and the CQC launched 'Hard Truths Commitment'. This work complimented the National Quality Board guidance to optimise nursing and midwifery staffing capacity and capability. Each month the Trust will publish data that demonstrates the planned versus actual number of staff on each shift for each day of the month. The Hard Truths data will be available on the Trust website & NHS Choices for the public to see. The data will be presented in a format that is user/public 'friendly' and be supported by a narrative to enable an understanding of the information provided.

In order to view our reports please visit:

<http://www.northamptongeneralhospital.nhs.uk/AboutUs/Safer-staffing.aspx>

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.



The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

Patient Experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, '**How likely are you to recommend our ward /A&E /service /organisation to friends and family if they needed similar care or treatment?**'

February 2019

Inpatient, Day Cases & Paediatric FFT	93.5%	% Recommended
A&E FFT	80.9%	% Recommended
Maternity FFT	98.2%	% Recommended
All Outpatient Areas	93.6%	% Recommended

March 2019

Inpatient, Day Cases & Paediatric FFT	92.8%	% Recommended
A&E FFT	83.3%	% Recommended
Maternity FFT	99.7%	% Recommended
All Outpatient Areas	93.5%	% Recommended

*This result may have changed since publication, for the latest score please visit:
<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

3. IMPROVEMENT

Top marks for Northamptonshire's stroke service



Members of NGH's stroke service team with patient, Michael Sheasby

"We're really proud that we've sustained our ranking as among the best stroke services in the country. Our patients rely on us to assess them quickly and safely. It's a fantastic achievement - a true team effort to get the best possible outcome for every patient we see."

Stroke patients in Northamptonshire receive some of the best care in the UK, according to a recent independent study. The stroke service provided at NGH achieved the highest possible rating in a national audit of stroke services. This is the eighth time in the past nine audits that NGH has achieved this superb score, placing the stroke service at NGH in the top 25% of stroke services in England.

For patients these top scores show they receive vital treatment much faster than the national average. Patients suspected of having a stroke are assessed and receive a vital CT head scan on average 30mins after arrival, significantly quicker than the 50min national average.

Alongside this, thrombolysis treatments, administering medicine to break down blood clots, are delivered to patients within 35 minutes, with every patient who requires this treatment receiving it within the hour target.

During the summer of 2018 inpatient care for all Northamptonshire stroke patients was centralised at NGH with increased rehabilitation support at NGH and Isebrook Hospital in Wellingborough. Much of this care is provided by the community stroke team at NGH, which has been recognised as being outstanding.

In addition to the overall 'A' grade rating, NGH achieved its first B grade for admissions to the Eleanor Stroke Unit in under four hours. No trust in the country achieved a higher grade in this category.

Dr Sonia Swart, NGH chief executive and joint Northamptonshire Health and Care Partnership lead for bringing care together across NGH and KGH said *'I would like to thank all the teams who worked to help make the stroke transfer work whilst maintaining a consistently high standard of patient care. Stroke services at NGH were already highly regarded and the centralisation of the service will lead to further development of specialist expertise, with additional investment identified for therapy and specialist psychology.'*

Board Papers: <http://www.northamptongeneral.nhs.uk/AboutUs/Board/Board.aspx>

Safer Staffing: <http://www.northamptongeneral.nhs.uk/AboutUs/Safer-staffing.aspx>



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